

UNDERSTANDING DISAGREEMENT: THE NEED FOR MORAL PSYCHOLOGY IN  
BIOETHICS

BY

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## ABSTRACT

For many questions in bioethics, there are no right answers. Beauchamp and Childress point out: “Conscientious and reasonable moral agents understandably disagree over moral priorities in circumstances of a contingent conflict of norms.” These disagreements are sometimes contentious; and without cooperation, or at least tolerance, deliberations involving bioethics issues become ineffectual. Knowledge of moral psychology may facilitate agreement, or at a minimum encourage respect for opposing beliefs, by helping those who work with bioethics issues to understand how they form and reinforce their beliefs. Accordingly, this paper advocates for a greater inclusion of certain aspects of moral psychology in bioethics education and practice.

Chapter 1 provides an introduction. Chapter 2 provides a brief overview of moral psychology. Chapter 3 explores the role moral psychology has played in the evolution of bioethics. Chapter 4 shows why an increased role for moral psychology in bioethics education is beneficial, and how it might facilitate understanding and perhaps increase cooperation in the policy and practice of bioethics. Finally, Chapter 5 concludes by recommending ways in which bioethicists can be exposed to moral psychology and ways bioethicists can use this knowledge to encourage cooperation and promote agreement.

## CHAPTER 1: INTRODUCTION

The field of bioethics provides a useful framework for examining important issues in medicine and biology. However, the study and practice of bioethics often fails to yield definitive resolutions to these issues because bioethicists (1) often disagree with each other on the best way to approach moral questions, and (2) disagree on the proper solutions to these moral quandaries. Beauchamp and Childress point out in their seminal work on bioethics theory: “Conscientious and reasonable moral agents understandably disagree over moral priorities in circumstances of a contingent conflict of norms. Morally conscientious persons may disagree, for example, about whether disclosure of a life-threatening condition to a fragile patient is appropriate, whether religious values about brain death have a place in secular biomedical ethics . . . . Such disagreement does not indicate moral ignorance or moral defect. We simply lack a single, entirely reliable way to resolve many disagreements, despite methods of specifying and balancing.” (Beauchamp & Childress, 24).

Disagreement among bioethicists becomes a problem when consensus is required or the formation of public policy is needed and members of the particular deliberative body are unable to cooperate or compromise toward this end. A hospital ethics committee may need to make a recommendation regarding whether a man should be allowed to refuse life-sustaining treatment. A presidential commission on bioethics may need to form a cohesive policy concerning abortion. If members of these deliberative bodies disagree and the

disagreement leads to hostility and a lack of cooperation, their ability to compromise and resolve the issues before them is greatly reduced.

People disagree over moral priorities in bioethics decision-making in part because people have differing *moral identities*. A moral identity is the sum of a person's basic moral inclinations, which are a person's tendencies toward different aspects of morality, such as justice, freedom, or respect for authority; people's moral identities influence their moral reasoning throughout their lives.

The field of moral psychology explains how moral identities are formed and how moral identities influence moral reasoning. Unfortunately, theories of moral psychology addressing the moral identity appear to have played a minimal role in bioethics education and practice to date. Increased exposure to these theories will help bioethicists understand the root of their disagreement, and understanding the root of their disagreement may make them more tolerant of opposing beliefs and better able to compromise when necessary.

It should be noted that, unless otherwise indicated, the term "bioethicist" encompasses anyone studying or dealing with bioethics issues in any degree of depth, including those who deliberately address bioethics issues in policy and practice. The term "bioethics" means the daily work of bioethics (i.e., ethics consultations, institutional review boards, and other deliberative bodies), as well as education, scholarship, and policy work that involves bioethics issues, whether these issues form the bulk of the work or not. Finally, references to "bioethics deliberation" and "bioethics decision-making" are used to encompass moral debate in "bioethics."

Chapter 2 discusses moral psychology generally and explores various theories of moral psychology that explain how people form their moral identities and how their moral identities affect their moral reasoning. For example, psychologists have shed new light on Hume's notion that "reason is, and ought only to be the slave of the passions, and can never pretend to any other office than to serve and obey them." Based on 30 years of research, psychologist Michael Shermer has come to this conclusion:

We form our beliefs for a variety of subjective, personal, emotional, and psychological reasons in the context of environments created by family, friends, colleagues, culture, and society at large; after forming our beliefs we then defend, justify, and rationalize them with a host of intellectual reasons, cogent arguments, and rational explanations. Beliefs come first, explanations for beliefs follow. I call this process belief-dependent realism (Shermer, 5).

Psychologist Jonathan Haidt came to basically the same conclusion in his book, *The Righteous Mind: Why Good People Are Divided by Politics and Religion*, but Haidt delves further into how people defend and justify their beliefs once they are formed. Haidt maintains that the easiest way for people to reinforce their beliefs is to identify themselves with a particular community, religious group, or political party. This theory sheds some light on why disagreement in bioethics can lead to hostility. Bioethicists may become self-righteous when their beliefs have been reinforced and solidified through their identification with particular groups. Additionally, although people may feel somewhat free to change or compromise their positions on their own, as they do not need anyone else's permission, when they feel that they represent a particular group, there comes the sense that they need the group's permission to change or compromise.

Exploring theories of moral psychology concerning how people form and reinforce the moral beliefs that comprise their moral identities will show why it is important for bioethicists to study them.

Chapter 3 explores the history of bioethics and the presence of moral psychology throughout its evolution. Understanding the history of one's field of study is important in its own right, but this is especially important in bioethics because bioethics students learn how to approach and resolve ethical questions, and the manner in which bioethicists do this has evolved. For example, in the past many bioethicists approached ethical issues predominantly through a religious lens. In modern bioethics, most Western bioethicists approach ethical issues with some variation of Beauchamp & Childress's *Principles of Biomedical Ethics*. If bioethicists understand why and how the field of bioethics has evolved, they will be more able to evaluate and appreciate the current approach to bioethics decision-making.

Chapter 4 explains why bioethics needs moral psychology and how an increased role for moral psychology can improve the study and practice of bioethics. Knowledge of moral psychology can aid classroom learning and facilitate cooperation in deliberation in the face of disagreement, and this is especially important because bioethics issues are increasingly infected by partisan politics.

It is common knowledge that the partisan political divide in this country is ever widening. After the Gulf War the President's approval rating was 96% among Republicans and 80% among Democrats. In 2003, 97% of

Republicans approved of the President, but only 46% of Democrats did (See Harris). Distrust of opposing political parties is more prevalent as well. A report written by professors at The Ohio State University found that those who vote for the losing candidate in an election are increasingly likely to blame the winning party for tainting the vote's accuracy (Holbert et al., 155). The report also cited evidence of a decreasing ability of the winning and losing sides of an electorate to come together after an election to support the winning candidate or his or her party for the good of the nation.

The increasing partisan political divide is also evidenced by the countless examples of political parties taking reprehensible action against opponents in order to win elections. For example, in 2006, Georgia's Republican-dominated state legislature introduced the practice of "pinpoint redistricting," whereby the legislature altered the boundaries of a small group of districts rather than all of the state's district boundaries, for the sole purpose of weakening the strength of Democratic voters and ultimately dominating these districts on election day (Whitman, 211). And recently, Republicans vowed to oppose any legislation introduced by Democrats in Congress unless they renewed the Bush tax cuts for the wealthy.

As Ruth Macklin pointed out in her article, *The New Conservatives In Bioethics: Who Are They and What Do They Seek?*, this increasing partisan political divide has infected bioethics as well (Macklin, 34). Many bioethicists are beginning to lose sight of the goal of bioethics, which is to provide reasoned, even-handed analyses of important ethical issues. Journals such as *The New*

*Atlantis* identify themselves as “liberal” or “conservative,” and political controversy has surrounded bioethics policy committees such as President Bush’s President’s Council on Bioethics. It is no wonder that debates on abortion, stem cell research, and healthcare reform are more heated than ever.

An increasing partisan divide is a problem for many reasons. One reason is that political incivility “demobilizes those voters who prefer civil deliberative politics and mobilizes those who favor the balkanized party positions” (Wolf, et al, 428); and incivility begets incivility. Incivility harms bioethics decision-making because productive deliberation is the core of bioethics and is necessary for consensus and policy-building. Thankfully, the vast majority of bioethics journals currently do not have an overt political affiliation, but that may change. If partisanship continues to increase in bioethics in the same way it is increasing in politics, bioethics will lose its value as a field of ideologically-neutral decision-makers.

Finally, Chapter 5 concludes with suggestions for how moral psychology can be introduced into bioethics. As with any desired change in behavior, education is key.

## CHAPTER 2: A BRIEF OVERVIEW OF MORAL PSYCHOLOGY

Before considering the role for moral psychology in the field of bioethics, an overview of moral psychology is in order. This Chapter is in no way meant to be a comprehensive treatise on moral psychology. Instead, its purpose is to introduce concepts central to the field of moral psychology, as well as particular theories that will illustrate the ultimate proposition that moral psychology should play a greater role in the policy and practice of bioethics and bioethics education.

Moral psychology attempts to answer questions of how people form their moral beliefs, judgments, and perceptions. Moral psychology is sometimes confused with moral development (concerning the evolution of an individual's understanding of morality) and moral reasoning (concerning the process by which an individual tries to determine what is right and what is wrong using logic), and it can include elements of psychology, philosophy, sociology, and ethics. Stanford's Encyclopedia of Philosophy has this to say about moral psychology: "Moral psychology is a discipline of both intrinsic and practical interest; uncovering the determinants of moral judgment and behavior is fascinating in its own right and a better understanding of these determinants may help us to better understand what educational and policy interventions may facilitate good conduct and ameliorate bad conduct" (Doris & Stich). I explore moral psychology not for the practical interest of facilitating good conduct, but for the practical interest of facilitating understanding and cooperation in the deliberation of bioethics issues. Along the way, those who begin to understand and appreciate moral psychology

will hopefully question the certainty with which they hold their own beliefs, resulting in increased respect for opposing beliefs.

The theories discussed in this Chapter attempt to answer many different questions. For example, how do people decide if an action is moral or immoral? What motivates us to lead moral lives? How do people form their basic moral beliefs and preferences? And the answers to these questions are rooted in many different areas of study. Some try to answer these questions through a study of evolutionary biology, some explore cognitive psychology, and some focus primarily on philosophy. Moral psychology, just like bioethics, is an interdisciplinary field.

Philosophy-based approaches to moral psychology utilize many different concepts as well. Some approaches are instrumentalist (believing that a theory is effective if it accurately explains and predicts phenomena), or naturalist (beginning with the assumption that universal laws of nature exist in the world); some are dualist (holding that the mind and body are not identical and mental processes are non-physical), or materialist (matter (or energy) forms everything). Some approaches stem from moral realism, holding that moral propositions refer to objective facts. And some stem from ethical subjectivism, maintaining that moral propositions do not refer to objective facts. I discuss some of these approaches throughout this Chapter.

I divide theories of moral psychology between two levels of inquiry. At the primary level of inquiry, philosophers, scientists, theologians and the like study how people form moral beliefs and judgments through the formation of

what I refer to as our *moral identities*. I do not use the term in the exact way that Sam Hardy and Gustavo Carlo use it (the degree to which morality is an important part of a person's identity) (Carlo & Hardy, 212). Though related, I use the term to mean the sum of a person's basic inclinations toward different aspects of morality. Without a known universal hierarchy of moral principles, a person may be inclined toward justice, or autonomy, or respect for authority, for example. How the inclinations that comprise our moral identities are formed depends on the particular theory of moral psychology. But modern theories, often rooted in psychology, hold that our identities are formed through a combination of nature and nurture.

The secondary level of inquiry in moral psychology concerns how people *should* form moral judgments (i.e., which course of conduct is "right") in moral decision-making. This level of inquiry is generally rooted in philosophy rather than psychology, and is more theoretical than the primary level of inquiry—which often includes empirical elements.

### **Primary Level of Inquiry**

Moral reasoning is an arena of thought that seeks to explain how people use logic to determine the difference between right and wrong action. The primary level of inquiry in moral psychology is more akin to moral reasoning than moral theory. This is ironic because one of the predominant conclusions at this level of inquiry is that people's ability to reason logically about issues of morality is limited by nature and/or nurture. Yet moral psychology at the primary level of inquiry is akin to moral reasoning because it attempts to explain how people form

their most basic moral inclinations (which comprise what I call our moral identities). Moral reasoning has also been defined as the process by which one arrives at a moral conclusion from certain premises (Foot, 450). Equating moral reasoning with moral psychology, moral inclinations can be viewed as the most persuasive “premises” on which people form moral judgments in moral decision-making. This Chapter focuses mainly on moral psychology at the primary level of inquiry because, as we will see, this level of inquiry has not been thoroughly explored in the field of bioethics, and it can help bioethicists (i.e., those who deliberate on issues with bioethics aspects) understand and appreciate disagreement by illuminating the concept that people have moral inclinations that often overwhelm reason (through logic) in moral reasoning and decision-making. This should have a humbling effect on bioethicists, causing them to reflect on the fervency with which they hold their own moral beliefs, and it might engender more respect for opposing beliefs. From now on, when I refer to moral psychology, I am referring to moral psychology at the primary level of inquiry unless otherwise indicated.

#### *Ancient Philosopher/Scientists*

Moral psychology at the primary level of inquiry can be found in the works of Plato, Socrates, Aristotle, and the Stoics. Ancient philosopher/scientists spoke of morality in terms of virtue. They studied how humans come to understand and attain virtue so that they can act virtuously. For instance, Plato maintained that people must know about the nature of justice, courage, and temperance to be able to label an action as moral or immoral (Foot, 450).

Generally, ancient philosophers were dualist in that they viewed the mind as connected with the soul rather than the physical body. They were also largely naturalists, assuming the existence of universal laws of nature.

Socrates, unlike his successor, Plato, believed that virtue comes from the intellect. But the intellect, as Socrates understood it, is probably more akin to the soul than the modern understanding of the intellect as a result of physical processes in the brain (Cooper, 43). Socrates explicitly illustrates his view of moral psychology for the first time in Plato's *Gorgias* (Cooper, 43 (discussing *Gorgias*, 460b1-c6)). In *Gorgias*, Socrates argues that anyone who has learned a subject (e.g., carpentry, music, medicine) becomes that kind of person (a carpenter-person, a musical person, a medical person). From here, he analogizes morality and insists that those who know "just" things will be of high moral character. People will seek to know just things, do just actions, and not wish to do unjust actions because everyone wants to live the good life (live well), and acting justly is a necessary means toward this end.

Plato's theory of moral psychology was first illustrated in his work, *Republic*. Like Socrates, Plato believes that all and only those who are just will lead fulfilled lives (Cooper, 138). But instead of pointing to the intellect to guide us toward just lives, he points to a metaphysical sense of the soul. Plato believes that the soul has three independent parts: reason, spirit (or aspiration), and appetite (Cooper, 119, 139). These parts are modernly discussed as three psychological elements (Cooper, 119). Reason is the calculating part of the soul, and determines how it is best for a person to act. Appetite encompasses such

things as thirst, hunger, and sexual desire, and gives reason objects to strive for. Finally, aspiration is concerned with “vigorous, competitive action,” and drives humans toward the pleasures of bodily gratification when reason approves (Cooper, 131, 139). Here, Plato provides a conception of the moral identity. People may seek to form their moral beliefs through reason, but their moral inclinations (or “appetites,” in the Platonian sense) direct their reasoning toward certain goals. If Plato is correct, moral reasoning is not as objective as people may think.

According to Plato, each part of the soul plays a different part in a person’s life (and in a person’s motivation to act a certain way), and virtue plays the role of helping to ensure that each part plays its role fully and in harmony with the other parts. Thus, virtue is “a complex interrelationship among three separate psychological elements, each of which has its own indispensable contribution to make” (Cooper, 119). Plato believes that when each of these three psychological elements is performed justly, the person in that psychological condition is just.

Just action can only be achieved “by those [who] possess knowledge of what . . . is best to do and be” (Cooper, 141). According to Plato, the most important knowledge is knowledge of the “good-itself,” rather than knowledge of individual good things like good actions or persons (Cooper, 143-44). Plato does not define the good-itself any further, but it seems to encompass a body of objective, universal laws concerning right and wrong. Plato says that possessing knowledge of the good-itself requires an active effort by individuals.

One must constantly seek to learn, and must constantly keep this good in the forefront in one's mind.

Aristotle viewed ethics as the study of how individuals should live, and live well. Aristotle rejects Plato's conception of the good in his work, *Nicomachean Ethics*. The "good" is not concerned with an objective conception of the good that dictates one's action, but rather with traits that all good things have in common (in some ways, an instrumental approach) (Cooper, 203). Aristotle believed that happiness is the end of all human action, and people can achieve happiness by achieving good character through the use of reason. But reason is not enough to lead one to good character and happiness. One must have had the experience of good actions (Aristotle, 1095a3). This idea comports with a theory of developmental psychology that will be discussed later: that people learn moral behavior by learning what makes them happy.

Following Aristotle to some degree, Stoics believed that happiness is the end of human action, and virtue is necessary and sufficient to achieve happiness (Cooper, 427-29). Stoics focused on the importance of reason in developing virtue as well. But Stoics go further, maintaining that happiness and virtue must be in accordance with universal laws of nature. To be in accordance with nature, humans should rely solely on reason, doing their best to minimize the influence of passions. Reason helps us come into accordance with the laws of nature because reason allows us to recognize the value of human beings (Cooper, 434-37).

### *Hume*

The Stoics believed that through reason and the suppression of passions, people could perceive the universal laws of nature. Hume, on the other hand, maintained that *reason was subordinate to passions* and largely ignored the potential existence of universal laws of nature. Again, we see the theme that moral inclinations (or passions) play a role along side reason in moral decision-making.

Hume's theory on moral reasoning is "non-propositional," meaning that it focuses on desires, which can be neither rational nor irrational (Segden, 153). Desires, like moral inclinations, are subjective attitudes and not objective facts about the world. Other theories of moral reasoning are propositional, and hold that preferences can be expressed as propositions that the mind weighs against other propositions. But Hume points to examples in which preferences cannot be expressed as propositions: "[T]hings that are in general desirable are conceived by us as more intensely desirable, the closer they are to us in space or time, or the more vividly they are represented to us (and conversely with things that are undesirable: in this case, closeness and vivacity increase our sense of aversion)" (Segden, 155). This concept supports the notion, which will be discussed later, that people's moral inclinations are generated in part by their experiences. For example, I may value the principles of autonomy and beneficence. But if, as a child, I was upset when a doctor refused my mother's request to remove my grandfather's feeding tube, I would have an even greater respect for the principle of autonomy and would probably weigh it above

beneficence if the principles were in conflict.

One author explains that Hume was also a materialist:

The passions were accepted by early modern philosophers, of whatever persuasion, as the mental effects of bodily processes. The dualist and the materialist differed over whether reason is a higher power able to judge and control them: thus Descartes affirms, whereas Hobbes denies, this possibility. Hume's account lines up firmly behind Hobbes. Although he shies away from Hobbes's dogmatic physiological claims, he affirms all the key elements of the psychology Hobbes based on them: the nature of the will, the compatibility of freedom and necessity, *the subservience of reason to passion*, and the motivating power of pleasure and pain. Hume's account is thus best regarded as implicitly materialist (Buckle, 189 (emphasis added)).

Hume's famous claim is that "reason is, and ought only to be the slave of the passions, and can never pretend to any other office than to serve and obey them" (Buckle, 198 (citing Hume's *Treatise*, 2.3.3.4)). "Passions" are our subjective desires, feelings, sentiments, or *moral inclinations*; or in other words, passions are "mental states that are induced by particular kinds of cues in our experience of the world, and by subsequent operations in our minds; they point us toward some possible actions and away from others" (Sugden, 155).

Finally, Hume argues that reason (concerning the relations of ideas) has no direct bearing on action, but reason does help humans pursue their purposes more effectively (Buckle, 199). Human purpose comes from the prospect of pleasure or pain. People desire to feel pleasure, and avoid feeling pain. In seeking our purpose we do, however, care about the means to its achievement. And reason helps us to understand how the causes and effects of our actions will affect our purpose.

### *Kohlberg and Moral Development*

Ancient philosopher/scientists focused on the sources of our desire and ability to attain virtue and do good things. By the time of Lawrence Kohlberg, those questions were left to the philosophers, and psychologists like Kohlberg turned their inquiry to how people develop and form their beliefs of what is right and wrong. Inquiry into these questions is in many ways more practical because it often focuses on empirical data to explain our moral reasoning, rather than speculative notions about universal moral principles. It should be noted, however, that Kohlberg himself did believe in the existence of objective conceptions of the good (Reed, 10). This is worth noting because his belief in an objective conception of the good may have influenced his model of moral development. Indeed, Kohlberg's ultimate conclusion is that morality is objective and not relative to culture (Gibbs, 57). Even if Kohlberg's personal beliefs led to bias in his model of human development, it remains that Kohlberg is widely regarded as one of the most influential scholars in the field of moral development (Gibbs, 57).

Moral development focuses on the emergence, change, and understanding of morality from infancy through adulthood. Lawrence Kohlberg's seminal work is referred to as the *Stages of Moral Development*, in which he fine-tunes and expands upon Jean Piaget's theory of moral development (See Kohlberg). Kohlberg referred to his approach to morality and moral motivation as "cognitive developmental," meaning that he "contextualized moral development within social and nonsocial (or physical) cognitive development (Gibbs, 16).

Morality in this cognitive-developmental approach refers to the moral judgment of the “prescriptive values of right and wrong” (Gibbs, 17).

Kohlberg suggests that moral reasoning is the basis for ethical behavior, and humans develop their ability to respond to moral dilemmas in six developmental stages. Kohlberg posits that the six stages of “justice reasoning” can be found in the same order in every cultural context, and “at least four (or three) have been found in every type of society so far studied” (Reed, 57). Individuals never pass over a stage and never move backwards, but the time each individual spends in a particular stage will vary.

Kohlberg classified the six stages into three levels: the preconventional, conventional, and postconventional (Kohlberg, 44-52). Reasoning in the preconventional level occurs before individuals become “full participants in some particular social system ordered and defined by social norms” (Reed, 58). At this level, individuals view the moral relevance of authority as absolute, and eventually begin to consider the costs and benefits of a particular action (Reed, 59).

At the conventional level, individuals perceive the social norms that define their social systems as fundamental principles of morality. Initially, individuals deliberate on how to maintain the norms and shared ideals of an interpersonal association (Reed, 62). Ultimately, those at this level begin to “systematize norms for the sake of impartiality and consistency” (Reed, 65). Not surprisingly, reasoning in the conventional level occurs while individuals are becoming or have become active in a social system.

In the final stages, at the postconventional level, reasoning occurs when individuals have transcended the social norms of their social systems to regard universal principles as the most fundamental principles of morality. Individuals believe that laws are justified by reference to universal moral principles, and these principles may also justify exceptions to these laws. Kohlberg found that individuals at the postconventional level conceive universal moral principles based predominantly on either a deontological theory of human rights or a utilitarian theory of the maximization of human welfare (Reed, 68). Deontological theories concern duties or rules, and an action is moral if it is based on these duties or rules. Utilitarianism is instead focused on consequences, and holds that an action is moral if it maximizes happiness and reduces suffering. For example, from a deontological perspective, obtaining informed consent is a moral act because respect for autonomy is a rule imposing a duty. From a utilitarian perspective, obtaining informed consent is *usually* moral because it improves patient-doctor trust, resulting in a better quality of care.

Ultimately, individuals at the postconventional level form moral judgments by “explicitly and self-consciously invoking universalizable and reversible moral considerations” (Reed, 71). A “reversible” moral consideration is one that takes into account “the interests, opinions, and claims of every individual affected by a justice decision.”

Though Kohlberg believes in the existence of universal principles of morality, the stages only suggest that most people ultimately understand morality through the context of universal principles and reversible moral considerations.

This, of course, does not prove Kohlberg's belief that universal principles of morality exist, or that people can perceive them if they do. It just shows that people look for universal principles when they conceptualize morality. Whether principles of morality are universal or not, the fact remains that when people look for universal principles of morality to guide them toward ethical behavior, people often reach different conclusions. People may perceive the principle of beneficence as universal, for example, but these people may value beneficence to different degrees when it conflicts with other principles that they deem to be universal. For this reason, Psychologist Jonathan Haidt believes there is more at play in moral decision-making than just reason (Kohlberg, 22). Kohlberg endeavors to explain how our moral reasoning develops, but he does not explain how people perceive and consider universal principles of morality once they begin to search for them.

#### *Modern Theories on How People Form Beliefs and Opinions*

Kohlberg's theory of moral development aptly explains how people think about morality, and it is still accepted by many experts in developmental psychology (See Dawson). Other theories, however, explain how our moral identities lead to moral disagreements despite Kohlberg's finding that people ultimately conceptualize morality in the same way.

Some believe that a fetus is as deserving of respect as a teenager. Others view the fetus as simply a collection of cells. What universal law governs personhood? So far, no theory of moral psychology discussed here has directly addressed the question of why moral reasoning leads us to form differing moral

judgments. Is reason the primary motivator? Or emotion? Or experience? If people look to universal laws of nature for guidance, why are they not always guided in the same direction?

If I believe that respect for persons prohibits the right to abortion and you believe that autonomy supports it, it is difficult to label either of us as “right” or “wrong” in the absence of a discernible, objective moral precept governing the issue. This point is illustrated by a quote from Hume:

Reason is the discovery of truth or falsehood. Truth or falsehood consists in an agreement or disagreement either to the real relations of ideas, or to real existence and matter of fact. Whatever, therefore, is not susceptible of this agreement or disagreement is incapable of being true or false, and can never be an object of our reason. Now it is evident our passions, volitions, and actions are not susceptible of any such agreement or disagreement, being original facts and realities, complete in themselves, and implying no reference to other passions, volitions, and actions. It is impossible, therefore, that they can be pronounced either true or false, and be either contrary or conformable to reason (Sugden, 155 (citing Hume’s *Treatise*, 458).

A particular moral precept may be capable of being true or false. But if people are unable to determine its truth or falsity, the moral precept is no more than a passion, or in other words, a moral opinion, or a moral inclination.

Several psychologists have recently explored Hume’s notion that “reason is, and ought only to be the slave of the passions, and can never pretend to any other office than to serve and obey them.” These psychologists focus not on whether passions can somehow perceive universal laws, but on how passions influence our opinions and moral beliefs.

Based on 30 years of research, psychologist Michael Shermer came to this conclusion:

We form our beliefs for a variety of subjective, personal, emotional, and psychological reasons in the context of environments created by family, friends, colleagues, culture, and society at large; after forming our beliefs we then defend, justify, and rationalize them with a host of intellectual reasons, cogent argument, and rational explanations. Beliefs come first, explanations for beliefs follow. I call this process belief-dependent realism (Shermer, 5).

In the realm of morality, the “beliefs” Shermer refers to include what I call our moral inclinations. And these moral inclinations, according to Shermer, are formed at a young age by both nature (“subjective, personal, emotional, and psychological reasons”) and nurture (“in the context of environments created by family, friends, colleagues, culture, and society”).

Shermer’s theory is patterned after a philosophy of science presented by Stephen Hawking and mathematician Leonard Mlodinow called “model-dependent realism” (Shermer, 6). Model-dependent realism holds that our brains interpret sensory information by making a model of the world, and when a model is successful at explaining certain events, the brain attributes absolute truth to this model. Because scientific explanations are themselves beliefs, Shermer views belief-dependent realism as a higher-order form of model-dependent realism (Shermer, 6).

Shermer describes the human brain as a “belief engine” in that the brain, from data gathered by the senses, looks for and finds patterns, and then infuses those patterns with meaning (Shermer, 5). The first process is called “patternicity,” “the tendency to find meaningful patterns in both meaningful and meaningless data” (Shermer, 5). The second process is called “agenticity,” “the tendency to infuse patterns with meaning, intention, and agency.” Our brains

want to find meaningful patterns in the things they perceive, so they create meaning the best they can with the sensory information they have. These meaningful patterns become beliefs in our conscious minds, and these beliefs shape our understanding of reality. From there, the brain looks for confirmatory evidence to support these formed beliefs. When confirmatory evidence is found, the mind receives an emotional burst of confidence, thereby accelerating the process of reinforcing them (Shermer, 5).

Shermer's theory supports the notion that reason is influenced by our moral inclinations. People form their moral inclinations at a young age for subjective reasons in the context of our environments, and their brains seek to confirm and reinforce these inclinations throughout their lives, despite the existence of facts and/or reason to the contrary. This hypothesis is further reinforced by various studies in neuroscience that indicate that our brains form immediate moral judgments before people are consciously able to express or reason about these moral judgments (See Hauser et al.).

Shermer addresses the role nature plays in forming our moral inclinations by showing that the brain places judgment value upon its beliefs for evolutionary reasons. However, psychologist Jonathan Haidt explains this process in greater detail in a theory very similar to Shermer's.

Haidt, in his book, *The Righteous Mind: Why Good People Are Divided by Politics and Religion*, theorizes that a series of innate moral foundations such as "care and fairness," and "loyalty and authority," are etched into our brains through evolution (Haidt, Ch. 1). These inherited predispositions,

along with our intuition, help us form our beliefs at a young age. For example, if one is raised in central Wyoming rather than Greenwich Village, he is more likely to have a conservative bent and is more likely to be pro-life. But if one inherits a temperament that is high on a trait called “openness to experience,” he will be more attracted to liberal ideas and will likely to be pro-choice.

After forming these beliefs (moral inclinations) at a young age, people then spend their lives reinforcing these beliefs. Shermer shows that people’s brains naturally seek to explain and reinforce the beliefs they have already created. And Haidt takes this a step further, explaining that the easiest way to do this is to identify ourselves with a particular community, religious group, or political party (Haidt, 190). Group identification stems from Freud’s understanding of identification as a deep, long-term, affective connection between an individual and his or her ideal. A good example is our frequent desire to identify ourselves with a particular political party that comports with our own moral inclinations. As these political parties take stances on particular issues, people commonly adopt the same stances, in part because they have formed a strong bond with this societal group. This phenomenon will be discussed more in Chapter 4.

### **Secondary Level of Inquiry**

The secondary level of inquiry in moral psychology is less important for purposes of this paper because bioethicists have long sought to answer the question of how, and on what bases, people *should* form moral judgments. This level of inquiry has produced countless moral theories and frameworks that

attempt to identify the principles and duties on which people should base their moral judgments. Some of these theories are deontological, for example, and others are utilitarian.

Bioethicists have established particularly workable theories and frameworks for bioethics decision-making purposes. For example, many bioethicists believe that *casuistry* should be used in Western bioethics decision-making, wherein moral problems are solved by extracting theoretical rules from particular instances and applying them to other instances. The most prevalent framework established to help bioethicists form moral judgments in bioethics decision-making is called “principlism”. In this approach to bioethics decision-making, bioethicists address an issue with the consideration of four principles: autonomy, beneficence, nonmaleficence, and justice (Beauchamp & Childress, 13). Autonomy entails “respecting and supporting autonomous decisions.” Nonmaleficence means “avoiding the causation of harm.” Beneficence means “relieving, lessening, or preventing harm and providing benefits and balancing benefits against risks and costs.” Finally, justice entails fairly distributing benefits, risks, and costs (Beauchamp & Childress, 13).

It is worth noting that moral psychology at the secondary level of inquiry (addressing how people *should* form moral judgments) can be considered part of the primary level of inquiry when it becomes more descriptive than normative. For example, theories based in deontology and utilitarianism are part of the secondary level of inquiry when they advocate for how people *should* form moral judgments. But when Kohlberg found that individuals at the

postconventional level conceive universal moral principles predominantly based on either deontology or utilitarianism, Kohlberg was engaging in the primary level of inquiry because he determined how people actually do form moral judgments.

Working knowledge of moral psychology at the primary level of inquiry is more important for purposes of understanding and appreciating moral disagreement because our moral identities determine how people will interpret and utilize the theories and frameworks produced at the secondary level of inquiry.

### **Conclusion**

This Chapter presents a small, yet representative sample of moral psychology at the primary and secondary levels of inquiry. Moral psychology at the primary level of inquiry sheds light on how our moral identities are formed, and how our moral identities influence our moral decision-making.

Kohlberg supports the notion that people have differing moral identities when he finds that everyone ultimately conceptualize morality in the same way, yet they form different moral judgments. Plato, Hume, Shermer, and Haidt indicate that people's moral identities influence, direct, or even suppress the role of logical reasoning when they form moral judgments. Aristotle, Shermer, and Haidt show how our moral inclinations are formed in part for subjective reasons (e.g., what makes us happy; what aspects of morality people are drawn to as children). Shermer and Haidt explain how nature (inherited predispositions) and nurture (our childhood environments) contribute to the formation of our moral

identities. Finally, Shermer and Haidt explain how and why people reinforce their moral identities.

I explain how knowledge of moral psychology can improve the study and practice of bioethics in Chapter 4.

### **CHAPTER 3: THE ROLE OF MORAL PSYCHOLOGY IN THE EVOLUTION OF BIOETHICS**

As explained in the last chapter, moral psychology deals with questions of how people form their beliefs, moral judgments, and perceptions. The primary level of inquiry in moral psychology is often better grounded empirically, and deals more with how people form what I refer to as their moral identities and how their moral identities evolve from infancy through adulthood. The secondary level of inquiry in moral psychology concerns largely theoretical claims about the structure of character (Doris & Stich), and has provided bioethics with various theories and frameworks for use in moral decision-making.

In this Chapter I explore the presence of moral psychology in the evolution of bioethics, from before the modern era of bioethics to the present day. Bioethicist Albert Jonsen explains that three themes of moral psychology can be extracted from the literature about medicine and morality in Western culture:

First, moral philosophers have described the character or qualities of persons that might win them praise or blame. Second, moral philosophers and theologians meditate on the duties and obligations that bind humans to perform, and to refrain from performing, certain actions. Finally, philosophers who have reflected on character and duties have also linked individuals to social communities, inquiring how the existence of communities is related to the purposes of individuals (Jonsen, 6).

These themes reflect the presence of moral psychology in the evolution of bioethics. Moral psychology has been present throughout the evolution of bioethics largely in the sense that moral philosophers and theologians have proposed various theories and frameworks, based on moral duties or qualities believed to be possessed by “moral” people, to guide and influence the way in

which people form moral judgments (secondary level of inquiry). However, moral psychology at the primary level of inquiry—concerning how people form their basic moral identities, and how their moral identities influence their moral reasoning—has not been thoroughly explored in bioethics. Certainly, many bioethicists are acquainted with certain theories of moral psychology at the primary level of inquiry, such as Hume’s notion of the passions. But bioethics has not focused on these theories to understand disagreement or illuminate dogmatism, the reasons for which this paper advocates for a greater inclusion of moral psychology in bioethics.

The theories and frameworks of the secondary level of inquiry that are utilized in bioethics decision-making simply state how bioethicists *should* examine and resolve moral questions by illuminating various principles and duties that they should consider. Other aspects of moral psychology (concerning the moral identity) are mainly absent. Reflecting on this conclusion, I realize that this Chapter, in some ways, is really just an exploration of the moral theories present in society at different time periods. Moral theories, by themselves, are part of the secondary level of psychological inquiry because these theories may or may not influence moral reasoning. These theories seek to explain how we *should* approach moral reasoning rather than how we *actually do* reason concerning moral issues (See *supra* pp. 24-25 concerning Kohlberg). However, when moral theories are prevalent, they begin to reflect how we actually do reason concerning moral issues. Prevailing moral theories reflect the ethics of a society because “the ethics of a society at a given time refers to the rules,

customs, and beliefs of that society, at that time” (Jonsen, 6). Hence, in exploring the prevailing moral theories in society at different time periods, we are engaging in moral psychology at the primary level of inquiry (in a descriptive sense) because we are attempting to determine how medical ethics decision-makers *actually did* use moral reasoning to form moral judgments.

Throughout the evolution of bioethics, philosophers, theologians, and physicians engaged in moral psychology at the primary level of inquiry when they reflected on their own medical moral decision-making process because they reflected on how they reasoned concerning moral issues. But they mainly engaged in moral psychology in a descriptive sense like we are in this Chapter—by discerning and evaluating the theories and frameworks that they use in moral decision-making, not by evaluating how people form the fundamental moral inclinations that influence their moral judgments.

Moral psychology’s role in present day bioethics is no different. Bioethicists focus on moral psychology at the secondary level of inquiry in order to aid them in forming moral judgments. In part, this is because bioethicists cannot look to one governing body to answer their questions. There is no comprehensive body of rules that they are obliged to follow. And there is no agreed upon theory. It follows that bioethicists rely on various frameworks (e.g., principlism) and theories (e.g., casuistry) to analyze bioethics issues. Although these frameworks are helpful in bioethics decision-making, disagreement can still occur when the moral principles utilized in these frameworks conflict and persons

with differing moral identities weigh the moral principles within these frameworks differently.

Disagreement is inevitable, and I do not lament the fact that a more concrete theory or framework on which to base bioethics decision-making does not exist. However, bioethicists should have an understanding of how people form their moral identities because this knowledge can help to ensure that disagreement does not hinder deliberation. I discuss moral disagreement in bioethics in the next chapter, as well as why a better understanding of the moral identity might discourage disagreement from hindering deliberation.

### **Medical Ethics Pre-1960s**

The literature on the role of moral psychology in bioethics begins before the birth of modern-day bioethics, and is found in literature addressing medicine and morality. The earliest writings containing Jonsen's three themes are widely acknowledged to be the collection of writings attributed to the School of Hippocrates four centuries before the era of Christianity (Jonsen, 6). Jonsen's first two themes—the qualities of persons that might win them praise or blame, and the duties that bind humans to perform certain actions—are found in these writings. They describe the qualities of “the good physician” in a teleological sense. A doctor should be gentle, pleasant, discreet, and firm because these qualities give patients confidence and contribute to the ultimate purpose of a doctor: healing. The writings also describe certain duties of a good physician, for example: to benefit the sick, to do no harm, to keep confidences, and to refrain from patient exploitation (Jonsen, 6). These maxims would eventually be

embraced by the Judeo-Christian religious tradition and modern-day bioethics frameworks.

Jonsen's third theme is the focus on how physicians should define their place in society (Jonsen, 7). The literature states that physicians should prove themselves worthy of social trust, social authority, and reward. This theme appeared during the Middle Ages when medicine was becoming a learned profession and the dangers of untrained practitioners were recognized. This "social ethics" theme was thoroughly addressed by the American Medical Association's ("AMA") ethical codes years later (Jonsen, 7). The founders of the AMA wanted to reform medical education in order to improve the ethics of physicians and ensure that medicine would be respected in society.

Theologians were the ones to most actively address Jonsen's themes during the inception of modern-day bioethics (Messikomer et al., 489). In fact, many bioethicists believe that "the earliest origins [of bioethics] lay among theologians" (M. Therese Lysaught, *And Power Corrupts . . . : Religion and the Disciplinary Matrix of Bioethics* (Guinn, 101)). Jonsen explains the literature on medical ethics authored by Catholic moral theologians as following a general pattern: "[T]hey gave an exposition of fundamental moral principles derived from natural law and divine revelation, followed by a casuistic analysis of specific topics, invariably including abortion, contraception, sterilization, euthanasia, and various types of surgery, such as amputation, lobotomy, and corneal implants" (Jonsen, 36). Catholic theologians, along with Protestant theologians, would

continue to lead the discussion of moral issues in bioethics until the 1970s (Pellegrino, 74).

This brief review of moral psychology in medical ethics before the inception of modern-day bioethics illustrates the role normative theory has played, but it does not address the question of how people form their basic moral inclinations and identities.

### **The Inception of Modern-Day Bioethics**

It is widely held that the modern era of bioethics began in the 1960s (Evans, 3). Bioethicist Edmund Pellegrino explains that in the initial phase of bioethics, “the language of human values predominated” (Pellegrino, 74). Theologians were the most active group of society in bioethics during this phase. In the 60s and 70s, philosophers began to take the dominant role. Finally, beginning around early 80s and taking us to the present day, other disciplines like law, the humanities, and the social sciences began to exert more influence.

In the 1960s, as the surge in scientific research following World War II began to yield results and new and innovative methods of research were conceived, scientists, doctors, and policy-makers of all kinds began to realize that there would be side effects. These potential side effects ranged from global problems like environmental pollution and overpopulation, to personally alarming scientific methods like genetic engineering and artificial organs (Evans, 4).

At the time, public policy bioethics did not exist—everyday research and healthcare ethics issues were dealt with by scientists and physicians (Evans, 5), and the broader and more philosophical concern over where technology could

take our society was largely addressed by theologians. But scientists began to deliberate on what, if anything, they should do to properly address the new ethical issues surrounding society's quickly developing technological abilities. Many scientists thought it was they, not theologians, who should address the topic of "where mankind should go with new technology" (Evans, 5). Robert Edwards, the first scientist to engage in in-vitro fertilization, explained: "[M]any non-scientists see a more limited role for science, almost a fact-gathering exercise providing neither values, morals, nor standards. . . . My answer . . . is that moral laws must be based on what man knows about himself, and that this knowledge inevitably comes largely from science" (Edwards, R., 165-66). From the scientist's perspective, Darwin had discredited religion and science should "produce a sense of meaning and source of ethics for human society" (Evans, 5).

The decline of theologians in bioethics is not debated (Evans, 6 (citing Cahill, Jonsen, Childress, Messikomer, Fox, Swazey, Callahan, Lammers, Maty, Walters, and Engelhardt)). A prevalent explanation for this decline is society's demand for the recognition of pluralism in the 1960s. Prominent bioethicist H. Tristram Engelhardt explains this well:

Initially, individuals working from within particular religious traditions held the center of bioethical discussions. However, this focus was replaced by analyses that span traditions, including particular secular traditions. As a result, a special secular tradition that attempts to frame answers in terms of no particular tradition, but rather in ways open to rational individuals as such, has emerged. Bioethics is an element of a secular culture and the great-grandchild of the Enlightenment. . . . That is, the existence of open, peaceable discussion among divergent groups, such as atheists, Catholics, Jews, Protestants, Marxists, heterosexuals and homosexuals, about public policy issues bearing on health care, will press unavoidably for a neutral common language (Engelhardt, 5).

Sociologist John H. Evans describes three eras in between the initial efforts of scientists to play a role in shaping bioethics policy and the decline of theologians. (Evans, 6). These three eras correspond to the arguments theologians were making in bioethics debate. In the first era, theologians made arguments that had “secular ends that were explicit, condensed translations of theological ends” (Evans, 8). For example, a theologian might conclude that all people are created in the image of God and that technological means should respect the sacredness of each person. This would then be condensed and generalized to the secular end of pursuing “respect for persons” (Evans, 8).

The second era involved making arguments with secular ends that were *implicit* condensed translations of theological ends. This involved thinking through a question in theological terms, and explicitly arguing for a secular end while leaving out the theological justification (Evans, 31). Finally, in the third era, theologians began pursuing ends that were universally held by all people, regardless of their religious views. This era would eventually develop into pluralism in bioethics debate.

It is interesting that early theologians in bioethics were willing to minimize their religious views in favor of pursuing universally accepted ends. These days, religious groups active in the public sphere tend to be more insular, less cooperative, and they usually speak to issues in religious terms. Evans notes that the theologians in early bioethics debate were religious liberals, not religious conservatives by today’s standards (Evans, 10). A small slice of history will help explain how this change of heart occurred.

Until the 1940s, Protestantism was ostensibly divided into “modernist (or mainline) Protestants,” and “fundamentalist Protestants.” Mainline Protestants were involved in the public sphere, but Fundamentalists generally were not because they did not believe in organization above the congregational level (Evans, 12). In the 1940s, there was a split within the fundamentalists (Evans, 11). Many fundamentalists thought that fundamentalists were generally too rigid and mainline Protestants were not rigid enough, so they created an intermediate movement called “evangelicalism” (Evans, 11). Evangelicals were more liberal than fundamentalists and they were less separatist, but they knew that the mainline establishment was opposed to them, so they largely remained out of the public sphere.

According to Evans, at the time scientists and philosophers began to exert more influence in bioethics debate, mainline Protestants were the most active division of Christianity in the public sphere because their views were considered by society to be less extreme. They were more liberal by modern standards because they believed in a less strict interpretation of the Bible, a fact that would eventually allow them to support liberal policies such as the *Roe v. Wade* decision in 1973 (Evans, 11). Partly for this reason, mainline Protestants were able to function effectively in the academic world. Accordingly, they were the vocal leaders trying to remain relevant in bioethics debate, while fundamentalists and evangelicals remained out of the spotlight.

Beginning in the 1960s and 70s, “lessened discrimination against Catholics and Jews” meant that fundamentalists and evangelicals could reenter

the public sphere (Evans, 12). But until recently, their direct role in bioethics and public policy was minimal. Since the 1980s, religious fundamentalists and evangelicals have been very vocal on issues of public policy that contain bioethics aspects, including issues like abortion and stem cell research. These religious views, even if extreme in the eyes of many, are becoming increasingly widespread thanks to social media and supportive institutions such as Fox News.

The evolution of the role of religion in bioethics provides the first example of how public policy and bioethics are changing, and why a more extensive role for moral psychology in bioethics is needed. Though John Evans, as a sociologist, frames the issue as scientists trying to “wrestle away jurisdiction from theologians,” I am not necessarily convinced that theologians were anything other than the default leaders in bioethics debate. Nor do I suggest that theologians were actively trying to keep others out of the discussion. The takeaway is that science, philosophy, and other arenas of thought saw the importance of a more pluralist approach to bioethics. Theologians, by way of agreement or simply through attempting to remain relevant in bioethics, began to address bioethics issues in universal terms rather than theological terms. Everyone has biases, and dogma undoubtedly continued to influence theologians in bioethics debate. But it is important that the foundational thinkers of bioethics (including theologians) saw the importance of *trying* to address bioethics issues in an ideologically-neutral manner.

### **The Government Steps In**

The end of theologian dominance over bioethics debate came when the United States Government assumed a role in bioethics in the 1960s and 70s. Theologians and scientists continued to remain active in bioethics debate, but the government's involvement solidified the increasing role of other scholars and leaders.

Senator Walter Mondale of Minnesota believed the time had come for a national debate on the directions that medical science should take in America (Jonsen, 90). On February 8, 1968, Mondale introduced Senate Joint Resolution 145, which called for the establishment of a President's Commission on Health Science and Society. He proposed that the Commission study the ethical issues present in "organ transplantation, genetic engineering, behavior control, experimentation on humans, and the financing of research" (Jonsen, 91). At a Senate hearing on Mondale's resolution, many scientists and physicians were opposed to the idea because they thought that they could handle these ethical issues themselves. But theologians and philosophers spoke with enthusiastic support for the bill. Ultimately, no action was taken on this particular bill (Jonsen, 93). But on Mondale's third try, S.J. 71 was passed, calling for an Advisory Commission on Health Science and Society to form "a comprehensive study of the ethical, social and legal implications of advances in biomedical research and technology" (Jonsen, 94).

The second major government action in bioethics resulted from an article with the headline: "NIH Vows Not to Fund Fetus Work" (Jonsen, 95). The

article was spurred by a declaration to that effect from the Deputy Director for Science of the National Institutes of Health (“NIH”), although it was not NIH policy at the time. A month later the House, after an emotional debate with “strong pro-life overtones,” passed the National Research Act (Jonsen, 95). What is interesting is that the House passed the bill, which included an amendment prohibiting research on a fetus with a beating heart, 354 to 9. This provides the second example of how public policy and bioethics are changing. A bill of this nature would never pass by such a wide margin in today’s Congress because there is such a sharp partisan divide concerning the status of fetuses.

At the time the House passed the National Research Act, Senator Ted Kennedy’s Committee on Labor and Public Welfare discussed several bills addressing human research (Jonsen, 95-98). Shortly after the committee addressed the Tuskegee Syphilis Study, the Senate passed a bill establishing the National Commission for the Protection of Human Subjects of Biomedical and Behavior Research, part of the newly enacted National Research Act. This was important because at that time, “[n]o legislation had ever before charged a government body ‘to identify basic ethical principles’” (Jonsen, 98 (quoting Senator Langdon Hughes)).

### **Bioethics Today**

The government action discussed above was only the starting point. Today, many government entities address bioethics issues, and most of these entities take an interdisciplinary approach. For example, the Food and Drug Administration and the Department of Health and Human Services have

empowered institutional review boards (“IRBs”) to approve and monitor research involving human subjects. IRBs are composed of physicians, nurses, scientists, pharmacists, and, importantly, at least one member unaffiliated with the institution at issue and at least one member from a nonscientific background. However, they do not necessarily include anyone with knowledge of ethics. Additionally, the Presidential Commission for the Study of Bioethical Issues (“the Commission”) advises the President on policy involving bioethics issues, and is largely composed of doctors, lawyers, and philosophers.

Federally sponsored entities that address bioethics issues are not only interdisciplinary, but they also address these issues through deliberation. Members of these various councils research, discuss, and write reports summarizing their discussion and their conclusions.

Bioethics education, like any classroom endeavor, involves group discussion as well. It is also interdisciplinary, containing aspects of philosophy, medicine, law, theology, and anthropology. In addressing a bioethics issue, bioethics students, as well as government entities, consider knowledge and viewpoints from many relevant disciplines. But the moral theories on which these issues will be decided can vary as much as the disciplines themselves. Scientists have agreed upon certain theories that form the foundation of their work (e.g., evolution), but there is no universally accepted moral theory on which bioethicists resolve moral questions in bioethics. As bioethicist Albert Jonsen puts it: “[Moral philosophers] use the word [theory] simply to report that, through history, writers

have described the moral life in different ways and perceptive observers can abstract from those descriptions certain salient features” (Jonsen, 327).

In my bioethics courses, students had many different backgrounds: law, social work, medicine, science, theology, philosophy, and business. We discussed many bioethics issues and many theories on which to base our discussions. The most common framework we used was Beauchamp and Childress’s four principles approach (principlism) (Beauchamp & Childress, 13). Under this framework, we addressed issues with consideration of four principles: autonomy, beneficence, nonmaleficence, and justice. These principles were chosen by Beauchamp and Childress—and more or less by the Commission in its famous document called the Belmont Report—partially because they believed that these principles have been used throughout history by most moral decision-makers, regardless of their cultural, religious, or intellectual beliefs. In this sense, these principles are considered to be part of the *common morality* (Beauchamp & Childress, 4).

Anchoring the discussion of a bioethics issue in the common morality can be beneficial because it is pluralist and it draws attention to the most fundamental considerations, but it does not necessarily make it easy for a group of individuals from different backgrounds, with differing moral identities, to come to a consensus or even deliberate with tolerance. Each individual has his or her own set of moral inclinations that will influence his or her consideration of the common morality. Even within the common morality these principles can conflict. For example, consider the question of whether a patient should be allowed to

refuse life-sustaining treatment. Person A on an ethics review board may immediately point to autonomy and say, “The doctor should respect the patient’s wishes because the patient should be able to control what happens to his own body.” Person B says, “Wait, what about nonmaleficence. If we don’t put him on a ventilator, he will die. We can’t harm the patient in this way.” Person C says, “What about the doctor? He doesn’t want to harm the patient either! We should respect *his* autonomy, and allow him to provide the treatment.”

Beauchamp & Childress acknowledge that the four principles approach is not a theory, but an analytical framework that is a good starting point for biomedical ethics (Beauchamp & Childress, 12). They also acknowledge that “various principles can and do conflict in the moral life” (Beauchamp & Childress, 12). And this is acceptable. Bioethics is full of ethical quandaries that are not easily resolved. Agreement should be sought because consensus is sometimes required and agreement leads to cohesive social policy, but agreement is not always possible. The real problem occurs when disagreement leads to a lack of cooperation, because without cooperation, discussion lacks value.

### **Conclusion**

Moral psychology has played a role in the development and evolution of bioethics. This role has, however, been mostly in the form of various ethical theories and frameworks for how people *should* approach moral questions in medicine and research (i.e., moral psychology at the secondary level of inquiry). Theories for how people form their fundamental moral inclinations and how these inclinations influence their moral judgments have not been thoroughly

explored by bioethicists. Though many bioethicists may be cognizant of, for example, Hume's notion that reason is subservient to the passions, bioethicists should pay more attention to theories such as this at the primary level of inquiry in order to remind themselves of their own dogmatism, and the dogmatism of their peers.

The insistence by scientists, philosophers, and professionals in other arenas of thought that they play a greater role in bioethics debate resulted in the recognition of the importance of plurality, and the interdisciplinary, discussion-based approach to bioethics that exists today. Bioethics in the year 2013 is ostensibly a continuation of the third era described by sociologist John Evans, where bioethicists attempt to pursue ends that are universally held by all people (Evans, 31). Bioethicists and bioethics students approach bioethics issues with a sense of the common morality, often considering the principles of autonomy, beneficence, nonmaleficence, and justice.

On the other hand, maybe it does not matter whether bioethics is a secular endeavor or whether theologians dominate bioethics debate. Many argue that theologians dealt with bioethics before the 1960s the same way bioethicists deal with bioethics now—with natural law as the foundation. Bioethicist James Childress contends that theological treatment of bioethics was (and is) not tradition-based, rather it “attends to basic and transcendent aspects of the human condition, [from] enduring problems of meaning to questions about human origins, identity, and destiny; the *why's* of pain and suffering; the

mysteries of life and death . . . .” (James F. Childress, *Religion, Theology, and Bioethics* (in Miller et al., 46)).

Childress may be right. There may be no appreciable difference between theology-based bioethics discussion and the more balanced approach we have today. But I am not convinced that a segment of society in which dogma is so important, such as theology, can base bioethics debate in natural law theory without the overt influence, and bias, of tradition. Natural law may comprise a common morality people can all agree on, but in application, the principles that form this common morality often conflict, and people with differing moral identities will weigh these principles differently. Everyone has biases (inherent in their moral identities) that will inevitably influence their moral reasoning. And the result is that disagreement will always be present in bioethics. However, disagreement is more likely to lead to a lack of cooperation or even outright hostility if members of a deliberative body speak in terms indicating a clear identification with Christianity or the Democratic Party, for example. This is why the bioethics community moved toward secular, pluralist bioethics debate in the first place. Ideologically-neutral language is more inclusive.

Additionally, Haidt points out that humans like to identify themselves with groups and organizations. If one identifies, for example, with a religious group, one is more likely to side with that religious group on a particular issue rather than formulate his own reasoned opinion. Hostility also begets hostility. If that religious group publicly shows hostility toward secular society, one who identifies with that religious group will be more likely to exhibit hostility

toward any secular opinion in contradiction with that religious group. This is also why legislation defining the fetus as a person could no longer be passed by a margin of 354 to 9 and Congress could not pass a federal budget. Those who identify with the Democratic Party are strongly opposed to conflicting views held by the Republican Party, and vice versa.

Pluralist bioethics debate is best for the field of bioethics and best for society. Unfortunately, society seems to be devolving toward the first era that Evans describes, where the ends of bioethics are defined not by reason, but by group sponsorship. If people begin to appreciate and understand their differing moral identities, this will help to prevent the devolution of bioethics.

In the next chapter, I explain the increasing partisanship in politics and bioethics, and I address how moral psychology can provide a heightened understanding of moral reasoning and encourage cooperation in bioethics.

## **CHAPTER 4: WHY KNOWLEDGE OF MORAL PSYCHOLOGY IS NEEDED AND HOW IT CAN HELP**

The lion's share of the study and practice of bioethics occurs in four arenas: (1) bioethics education; (2) the daily work of bioethics, i.e., ethics consultations, IRBs, and other deliberative bodies; (3) scholarly debate; and (4) large-scale public policy work involving bioethics issues. An moral disagreement occurs in all four of these arenas. For the purpose of this discussion, I address bioethics education separately from the daily work of bioethics and large-scale public policy work, which I group together and refer to as the "policy and practice of bioethics." Scholarly debate is not the focus of this discussion, but I address this arena periodically.

The policy and practice of bioethics requires cooperation in order to function effectively because it relies on interdisciplinary group discussion to address and resolve moral questions. In order to maintain cooperative, effective deliberation, bioethicists (those addressing bioethics issues) must respect, or at least tolerate, opposing beliefs. A working knowledge of moral psychology at the primary level of inquiry can aid classroom learning and facilitate cooperation in the policy and practice of bioethics by helping bioethicists understand and appreciate the root of their disagreements.

In bioethics education, knowledge of moral psychology is important in its own right because one of the goals of bioethics education is to teach students how to reason about moral issues, and moral psychology provides additional insight into how people form the moral beliefs that influence their moral reasoning. Moral psychology may also encourage bioethics students to

reexamine their own beliefs, which may encourage the respect necessary for cooperative deliberation when they enter the world of bioethics policy and practice.

In the policy and practice of bioethics, knowledge of moral psychology might help bioethicists move public moral deliberation forward sometimes; and at the very least, it might engender tolerance when bioethicists cannot help feeling that they are right and everyone else is wrong, allowing them to “agree to disagree.”

### **Disagreement in Bioethics**

The study of bioethics deals with ethical issues in medicine and biology. Difficult moral questions often arise, surrounded by a plethora of additional considerations from the realms of science, public policy, law and sociology, just to name a few. Determinations are rarely made solely upon empirical data. And there is usually no unitary governing body of rules on which to base decisions. As a result, interdisciplinary deliberation forms the core of bioethics so that many different perspectives and considerations are recognized and discussed.

When bioethics students address a bioethics issue in the classroom, or when members of an IRB or an ethics consultation team convene to tackle an ethical issue in healthcare or research, the students or group members often come from very different backgrounds. Bioethics students may be previously trained in science, medicine, social work, or law. IRBs and ethics consultations often have at least one bioethicist, but other members could be

doctors, nurses, scientists, teachers, or construction workers. The varying backgrounds of the group members and classmates yield various opinions and considerations. This is a key part of bioethics deliberation because it allows these groups to perceive more interests and considerations present in the issues before them. Unfortunately, the interdisciplinary nature of bioethics can lead to disagreement when bioethicists weigh their own contributions above all others. A lawyer may think the legal aspects of a bioethics issue should take precedence over considerations put forth by the psychologist, sociologist, or bioethicist in the group, as the others may with their own contributions.

More importantly, when the resolution of an issue comes down to a moral question, which it often does, the discussion and decision will be dictated by the members' conscious expressions of their personal moral identities, or at best, by any number of theories and/or frameworks developed previously by other bioethicists, philosophers, theologians, or scientists. This also may lead to disagreement because individual moral identities often conflict, as do moral theories and moral principles within moral frameworks.

One of the most common frameworks, principlism, was utilized throughout my own studies of bioethics. Utilizing this framework, bioethicists address an ethical issue through consideration of four principles considered to be part of the common morality: autonomy, beneficence, nonmaleficence, and justice. In practice, these principles can and do conflict with each other. For an example, consider a woman with anemia resulting from blood loss during childbirth. The patient needs a blood transfusion, or she will die. However, she is

a Jehovah's Witness and her religious beliefs dictate that she is prohibited from ingesting blood from other humans, so she refuses a blood transfusion. She is wholly competent, so to respect her autonomy would be to abstain from giving her the blood transfusion. However, the doctors know that it is in her health's best interest, and society's best interest, to give her the blood transfusion because it will save her life. This would be the beneficent thing to do. Thus, the principles of beneficence and autonomy are at odds. Assuming there are no viable alternative courses of action, those addressing this issue during a deliberation would have to decide which principle should take precedence. One's moral identity may lead him/her to view autonomy as the most important moral principle, and advocate for respecting the patient's wishes. Another's moral identity may lead him/her to believe that beneficence should prevail, and advocate for the blood transfusion. If the group as a whole is equally divided, it is at a stalemate, stuck in disagreement. And this example even assumes that each of the deliberators will utilize principlism, but of course, deliberators may even disagree on which theory or framework to utilize in the first place.

Situations like this occur all the time in bioethics. Irresolvable disagreement occurs in classroom discussions of certain bioethics issues, it occurs in hospital ethics committee deliberations, and it occurs in IRB meetings. Such is the nature of bioethics. Disagreement is acceptable. But bioethicists must be able to cooperate in the face of disagreement if they hope to have a productive discussion, and especially if they need to reach a consensus.

## Bioethics Education

To get past this disagreement to the point where bioethicists can cooperate effectively, the first step is understanding the root of moral disagreement. Moral psychology can help bioethicists understand the root of disagreement by providing a deeper understanding of how people reason concerning moral issues. This is important in bioethics education because one of the goals of bioethics education is to teach students how to reason effectively. Moreover, moral psychology can promote the process of reexamining our own beliefs, which may result in an increased level of respect for opposing beliefs. In bioethics education, this introspection and increased respect will help to ensure that students get the most out of the many considerations and viewpoints put forth by classmates. Ultimately, this might facilitate cooperation in deliberation once students enter the world of bioethics policy and practice.

Understanding the root of disagreement can increase respect for opposing arguments in the same way that understanding the facts and reasoning behind opposing arguments can increase respect for those arguments. For example, if Danica tells her friend Fred, who has no knowledge about abortion, “Abortion should be illegal in the United States and those who seek or perform them should be prosecuted as criminals,” Fred might consider Danica to be crazy. If Danica explained that fetuses are persons, with beating hearts and feet and hands, Fred would be more likely to *respect* Danica’s opinion because he knows people should not kill others and it is illegal to do so. After speaking with Danica, Fred might do some research of his own, and discover that a fetus may

be more akin to a cluster of cells than a person. Moreover, he might discover that thousands of women every year become pregnant after rape. If he then goes to Danica and says, "I disagree with you. Abortion should not be illegal," and explains why, Danica may be less likely to dismiss Fred's opinion as callous, and she would have more respect for Fred's opinion.

Facts and reasoning make one's point of view more deserving of respect. An IRB would not respect nor approve a study that poses a risk to participants and purports to address a problem for which there is no evidence. Nor would an IRB approve a study when the proposed method bears no conceivable relation to the purported problem. But understanding another's reasoning and the facts behind his or her opinion only goes so far in explaining moral disagreement and maintaining respect for opposing arguments.

A working knowledge of theories of moral psychology concerning how people form their basic moral identities would help Fred and Danica see beyond the facts and reasoning behind opposing arguments to the root of their disagreement. Hume would teach them that both passion and reason influence moral judgments. Kohlberg would teach them that people's moral identities evolve as they grow up under the influence of societal pressures. Neuroscience would teach them that their brains form moral judgments before they are consciously able to express them. Shermer would teach them that people form their beliefs at a young age for personal, emotional, and psychological reasons in the context of our environments, and spend the rest of their lives defending, justifying, and rationalizing these beliefs. And Haidt would teach them that their

beliefs are influenced by inherited predispositions and reinforced by their desire to identify themselves with like-minded groups in society.

As a natural result, Fred and Danica would have a better understanding of why they disagree. They would recognize that, unlike their initial thoughts, their moral beliefs are not based solely in reason. They would recognize that they have biases. Finally, they would be more likely to reexamine their own beliefs, and with this increased depth of understanding, respect the beliefs of others.

For this reason, moral psychology at the primary level of inquiry should be explored to a greater extent in bioethics education. When students appreciate the fact that all people have unique moral identities that influence their ability to reason concerning moral issues, they will be more likely to reexamine their own beliefs and be better equipped to understand and appreciate the viewpoints of their classmates. Ultimately, this would improve the learning experience for bioethics students.

Moral psychology would also be an important addition to bioethics curriculum in its own right. In a book entitled, *Democracy and Disagreement*, Amy Gutmann and Dennis Thompson point out: “[T]he single most important institution outside government is the educational system. To prepare their students for citizenship, schools must go beyond teaching literacy and numeracy . . . . to develop their students’ capacities to understand different perspectives, communicate their understandings to other people, and engage in the give-and-take of moral argument with a view to making mutually acceptable decisions”

(Gutmann & Thompson, 359). One of the goals of bioethics education is to improve students' moral reasoning, and moral psychology can aid in this endeavor by illuminating moral reasoning at a deeper level.

### **Policy and Practice of Bioethics**

As explained, knowledge of moral psychology can lead bioethicists to reexamine their own beliefs and facilitate increased respect for opposing arguments. This would improve bioethics education, but it may also increase cooperation in the policy and practice of bioethics, both of which involve interdisciplinary deliberation.

In the hypothetical about Danica and Fred, they had more respect for each other's arguments when they understood the facts and reasoning behind them. Knowledge of moral psychology can increase respect for opposing arguments in the same manner, by revealing the fundamental reason for moral disagreement. In bioethics deliberation, this might ultimately improve cooperation.

Imagine that Danica is a devout Christian and a fervent Republican, and through her involvement with these groups she has grown very confident in her belief that fetuses are in fact, persons. Danica may have some respect for Fred's opinion, but her dogmatic beliefs may still lead her to view Fred's opinion as ignorant and callous. Imagine also that Fred loves science, wants to be a doctor one day, has great admiration for Ron Paul, and thinks that freedom is of utmost importance. Fred might view Danica's opinion as uninformed and contrary to liberty. If Danica and Fred were solely responsible for deciding whether or not

abortion would be legal, they probably would be unable to cooperate, compromise, or come to an agreement. Fred would say, "Fetuses are not persons! The government should NOT regulate the destruction of cells!" Danica would say, "Yes they are! Killing unborn babies is immoral and should be illegal!" It is at this point where knowledge of moral psychology could help.

If Fred and Danica had a working knowledge of moral psychology at the primary level of inquiry, they would have a better understanding of why they disagree. They would recognize that their moral beliefs are not based solely in reason as they had thought. They would recognize that they have biases. And they would be more likely to realize that (1) they may not be able to convince others to change their beliefs; and (2) maybe they should not hold their own beliefs with such conviction. These realizations would temper their emotional involvement, and may allow them to cooperate effectively.

Fred may recognize that Danica disagrees with him because she is predisposed toward "loyalty to authority," and/or her religious and political beliefs have cemented her opinion that fetuses are persons and should not be killed. Danica may recognize that Fred disagrees with her because he has a strong aversion to governmental control established by his upbringing in a family of libertarians. With this reflection and newfound respect for reasonable opposing beliefs, they may be able to cooperate together. And with cooperation, they might be more likely to compromise on an issue like abortion, perhaps meeting half-way to prohibit abortion after the second trimester, for example, or prohibiting abortion except in cases of rape.

Cooperation will not necessarily lead to agreement or compromise, but it does increase the odds. Gutmann and Thompson argue that the negative effects of moral disagreement can be improved through what they call “deliberative democracy”. The core of deliberative democracy is simple: “when citizens or their representatives disagree morally, they should continue to reason together to reach mutually acceptable decisions” (Gutmann & Thompson, 1). As discussed, moral psychology can help bioethicists and others reason together more effectively by illuminating the root of their moral disagreement. If bioethicists are to reason together until they reach mutually acceptable decisions, the more cooperative and adept they are at moral reasoning, the easier this will be.

Bioethicists are often required to reason together until they reach mutually acceptable decisions because consensus is frequently needed in the policy and practice of bioethics. Unfortunately, moral disagreement is common in bioethics, and the increasing influence of partisanship on bioethics issues is making consensus more difficult than ever.

### *Politics and Partisanship*

Bioethics often addresses matters of public policy, and as bioethicist Leigh Turner points out: “[S]cience policy—particularly policy-making related to medicine, biotechnology, the life sciences and other areas raising questions about identity, morality, and social order—is inevitably “politicized” in pluralistic societies” (Turner, 29). Unfortunately the politicization of policy relating to bioethics issues, and dogmatism in general, is a bad thing for bioethics

because it can lead to partisanship in bioethics scholarship and within large-scale public policy deliberative groups such as the President's Council on Bioethics.

When the modern age of bioethics began in the 1960s, the intent was that it would utilize analyses that would "span traditions" and include open discussion among divergent groups rooted in reason and interdisciplinary input (Engelhardt, 5). This approach is important to the study of bioethics because the issues are diverse and controversial, requiring the minimization of dogmatism and partisanship. The study and practice of bioethics should be rational, ideologically neutral, and devoid of incivility and hostility. Of course, this is not entirely possible, but political beliefs and dogmatism should nonetheless be discouraged. As Turner pointed out, policy issues naturally tend to be politicized. And unfortunately, policy issues with bioethics aspects are becoming increasingly partisan. The expansion of partisanship into the field of bioethics would threaten these necessary characteristics of bioethics, and a working knowledge of moral psychology can help ensure that discussion remains civil, allowing bioethicists to more effectively address the moral issues at hand.

Political partisanship is nothing new in the United States. Liberals and conservatives have always been at odds. These days, however, politics is increasingly becoming more partisan. It is difficult to find "liberal" Republicans or "conservative" Democrats, and Democrats and Republicans seem to pit themselves against each other at every chance they get, regardless of whether it harms the country. For example, in 2011, partisanship hurt the United States in a very visible way. Democrats and Republicans in Congress failed to agree on a

routine bill to raise the debt ceiling, and failed to agree on a plan to reduce the long-term deficit, resulting in a downgrade of America's credit rating. Stock markets plummeted around the globe when news of the downgrade was released, and economists feared a double-dip recession, which would not only harm Americans, but also the many developing nations that export to America (Haidt, 276). Partisanship harms also Americans by decreasing their faith in our government. "[F]or millions of Americans, the system no longer works . . . . Those hard times have eaten away at a defining American trait—optimism—both in the short and the long" (Schoen, 14).

The causes of partisanship are numerous. Psychologist Jonathan Haidt points to our differing moral inclinations as the ultimate root of partisanship (Haidt, 50), and to changes in Washington as the reason for increased partisanship in recent years (Haidt, 310). Before the 1960s, Haidt explains, there were many liberals and conservatives in both parties, but after the Civil Rights Act of 1964, a realignment occurred and this overlap slowly disappeared (Haidt, 310). As the parties became ideologically pure, they began to stand opposed to each other on more and more issues, including bioethics issues such as abortion and stem cell research. And as the parties began to oppose each other with more and more hostility, members of society that identified with either party began to regard opposing members with more hostility.

Haidt believes that one reason for this increasing hostility is the mid-90s trend for members of Congress to move their families out of Washington and only visit Washington for work. "[M]ost congressmen fly to Washington on

Monday night, huddle with their teammates and do battle for three days, and then fly home on Thursday night” (Haidt, 311). This resulted in a disappearance of cross-party friendship, and cross-party friendship is important because “positive social connections will alter intuitions and, thus, downstream reasoning and behavior” (Haidt, 311).

American citizens at large have fallen into this pattern as well. In 1976, only 27% of Americans lived in “landslide” counties;” and in 2008, 48% of Americans lived in landslide counties. American citizens are also becoming more polarized themselves. There has been a decline in the number of people calling themselves centrists or moderates (from 40% in 2000, to 36% in 2011), a rise in the number of people who identify as conservatives (from 38% to 41%), and a rise in the number of people who identify as liberals (from 19% to 21%) (Haidt, 274-75). Social media has allowed politicians to bombard citizens with propaganda and spin, and has provided citizens with an arena to reinforce and fuel the fervency of their own political beliefs (Ehrenberg, 22). Democrats each increasingly read the same opinion articles, vote similarly, and seldom engage in serious conversation with people whose political views differ from their own. Republicans do the same (Edwards, M., xii).

Scholars from Columbia University warned long ago that “[e]xtreme interest goes with extreme partisanship and might culminate in rigid fanaticism that could destroy democratic processes if generalized throughout the community” (Berelson et al., 314). Sure enough, along with the polarization of

American citizens there has been polarization in other areas of society, including areas that touch on the field of bioethics.

Political parties are taking sides on more and more bioethics-related issues such as abortion, stem cell research, the right to die, and healthcare reform. As discussed above, American citizens are following along, adopting the standpoints of their respective parties, and becoming more dogmatic. Bioethicist Sam Berger states: “Once the province of a few academics, bioethical issues have exploded onto the national scene, shattering the comity and spirit of compromise that had dominated the field. This attention and politicization will only grow as scientists continue their exploration of the new ‘New Frontier’: the human body” (Berger, 61). Bioethicists have already seen this effect in bioethics policy work, in both academia and in large-scale public policy deliberation committees.

In academia, bioethicists have seen the establishment of partisan journals like *The New Atlantis*, published in part by conservative think tank The Witherspoon Institute (The New Atlantis (last visited March 25, 2013)). A term search for “Schiavo” on The New Atlantis’s website revealed ten published articles, and every single one of them expressed concern for removing life-sustaining treatment from patients in persistent vegetative states.

In large-scale public policy work, bioethicists have seen partisanship at play in President Bush’s President’s Council on Bioethics. The President’s Council was formed in 2001 and composed of 18 philosophers, law professors, political scientists, and physicians (Briggle, 309). The Council’s Chair

under President Bush, Leon Kass, believed that previous bioethics commissions were advancing a liberal agenda (Briggle, 309), and many prominent bioethicists argued that Kass appointed a largely conservative council in response (Charo (2004), 310). Bioethicist Alta Charo stated: “[W]hat distinguishes this new bioethics council from the ones that came before it is not that it incorporates politics into its work, but that it does so with a concerted effort to promote a particular political philosophy, and pursues this philosophy through its membership and its staffing” (Charo (2004), 308). The Council was also charged with political partisanship when two stem cell research supporters, Dr. Elizabeth Blackburn and Dr. William F. May, were not reappointed to the council when their terms expired (Robeznieks).

Some argue that the politicization of bioethics is a good thing because it could result in the political institutionalization of bioethics in government, where there is a need for ethical analysis and expertise (McGee, 81). However, the negative effects of the politicization and polarization of bioethics are clear. The “infection” of bioethics by ideology, Daniel Callahan laments, is one of the primary reasons why bioethics has failed to contribute anything meaningful to the public bioethics debate (Callahan, 683). Bioethicists are viewed as “neutral sources of information who provide decision-makers with objective advice” (Berger, 61). And the field of bioethics requires a degree of good faith cooperation and compromise (See Moreno, 14). But with politicization and polarization, “the harder it will be to come together in the national interests. Zealots do not compromise” (Edwards, M., xiii).

Philosopher Madison Powers states that the “risk [of political partisanship in bioethics] is that we will fail to appreciate the wide range of reasonable disagreement that will remain past the point of extended reflection and discussion” (Powers, 305). As discussed in the previous sections of this Chapter, knowledge of moral psychology can help bioethicists understand and appreciate disagreement, which may lead them to question the fervency with which they hold their own beliefs, and might engender greater respect for the beliefs of others. This can help maintain the cooperation that is critical to bioethics decision-making, and help bioethics remain free from the partisanship created by politics and dogmatism.

Knowledge of moral psychology may not yield agreement in the policy and practice of bioethics. However, the cooperation it can engender might help move public moral deliberation forward at times; and at the very least, it might help people “agree to disagree” in situations where people cannot help feeling that they are right and everyone else is wrong. Bioethicists might also be less likely to participate in partisan bioethics endeavors such as partisan scholarship written on behalf of partisan journals, and insular, partisan deliberative committees. If partisanship in the field of bioethics continues to increase, anything that can diminish the resulting dogmatism should be utilized.

### **Conclusion**

The foundational thinkers of modern-day bioethics believed that the field of bioethics should revolve around reasoned, ideologically neutral, pluralist debate. However, the nature of bioethics is such that disagreement often occurs,

and disagreement can be harmful to deliberation when the deliberators are overly dogmatic. A working knowledge of moral psychology at the primary level of inquiry can aid classroom learning and facilitate cooperation in the policy and practice of bioethics by helping bioethicists understand and appreciate the root of their disagreement.

It is important for bioethics students to thoroughly explore moral psychology because one of the goals of bioethics education is to teach students how to reason about moral issues, and moral psychology provides additional insight into how people form the moral beliefs that influence their moral reasoning. Moral psychology may also encourage bioethics students to reexamine their own beliefs, which might encourage the respect necessary for cooperative deliberation when they enter the world of bioethics policy and practice.

In the policy and practice of bioethics, knowledge of moral psychology might help bioethicists move public moral deliberation forward at times; and at the very least, it might engender tolerance when bioethicists cannot help feeling that they are right and everyone else is wrong, allowing them to “agree to disagree.”

The benefits of moral psychology are not certain. Its benefits are as certain as any new information provided through education is likely to influence beliefs and actions. But maintaining even-handed, reasoned debate is of utmost importance both for the policy and practice of bioethics and the legitimacy of bioethics as a profession and field of study. John Fletcher and Franklin Miller

argued that “the greatest ‘peril’ of public bioethics is ‘political co-optation,’ which distorts ethical reflection by imposing partisan political demands or constraints (Briggle, 315 (citing Fletcher, John & Miller, Franklin, *The Promise and Perils of Public Bioethics*, in Vanderpool, Harold ed., *The Ethics of Research Involving Human Subjects: Facing the 21<sup>st</sup> Century* (University Publishing Group 1996):155, 157)). Partisanship threatens the ideological neutrality and reasoned nature of bioethics, and the effects of partisanship will likely increase. Anything that may help preserve this essential characteristic of bioethics should be utilized.

One could argue that knowledge of moral psychology could solidify disagreement for many people because these people will assume that others hold beliefs opposed to their own because their opponents are biased by nature or nurture (See Pronin). However, this assumes that people will not reflect on their own beliefs, and simply disrespect the beliefs of others. This will undoubtedly occur for some people, but bioethicists tend to be more open-minded and introspective than the average person because they have studied philosophy, an area of study that rarely yields certainty, and their practice consists of interdisciplinary group discussion, where they are forced to consider many angles to an ethical quandary. Bioethicists are more likely to embrace this knowledge of moral psychology and consider it in bioethics deliberation and bioethics policy work.

It is also worth noting that it does not matter if no specific theory of moral psychology concerning how people form their moral identities can be

proven with certainty. What matters is that exposure to these theories will illuminate the biases that all people hold, and lead people to reflect on the certainty with which they hold their moral beliefs. Those who understand these theories of moral psychology will see that the weight of the evidence suggests that both nature and nurture influence our moral beliefs and judgments, so people should not be so certain, once they wade through the facts and the reasoning, that “I am right and you are wrong.”

## CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

Certain aspects of moral psychology should be utilized in order to help bioethicists (i.e., those who work with bioethics issues) understand and appreciate disagreement. In bioethics classrooms, moral psychology can promote the process of reexamining their own beliefs, perhaps eliciting greater respect for opposing beliefs. In policy and practice involving bioethics issues, a working knowledge of moral psychology may help bioethicists move the deliberation forward sometimes; and where it does not, it might increase tolerance by encouraging bioethicists to “agree to disagree” in situations where people are too dogmatic and cannot help feeling that they are right and everyone else is wrong.

Moral psychology deals with questions of how people form their moral beliefs, judgments, and perceptions. Traditionally, psychologists dealt with the empirical aspects of moral psychology, and philosophers and theologians dealt with the more theoretical aspects of moral psychology. However, in the 21<sup>st</sup> Century, researchers in philosophy, psychology, sociology, theology, and science began to undertake interdisciplinary approaches to moral psychology, melding aspects of moral development, ethics, psychology, sociology, philosophy of the mind, neuroscience, and moral reasoning.

Generally speaking, there are two levels of inquiry in moral psychology. At the primary level, researchers study how people form the moral identities that influence their moral judgments, beliefs, and perceptions. At the

secondary level, researchers study how people *should* form moral judgments in moral decision-making.

My focus is at the primary level: on modern, interdisciplinary theories of moral psychology that explain how people form the moral identities that influence their moral judgments. I believe that understanding and appreciating the concept of moral identity is important because our moral identities ultimately influence the way in which we approach and resolve moral questions in bioethics decision-making. If people understand how their moral identities are formed, they will see that they may not be able to convince others of their opinions and, maybe, they should not be so sure in their own beliefs.

A moral identity is the sum of an individual's basic moral inclinations, which are the individual's tendencies toward different aspects of morality, such as "care and fairness," "loyalty to authority," justice, freedom, beneficence, etc. How this identity is formed depends on the theory of moral psychology, but most theories hold that it is formed by a combination of both nature and nurture.

Many facets of moral psychology illuminate how people form their moral identities. For example, neuroscience contributes evidence showing that people's brains form immediate moral judgments before they are consciously able to express or reason about these moral judgments. The study of moral development, prominently shaped by Lawrence Kohlberg, lends the idea that our moral identities evolve from infancy through adulthood as our conceptions of morality are expressed in different social settings. People ultimately

conceptualize morality in the same way, yet they still form differing moral judgments. And modern theories, predominantly rooted in psychology, hold that “[w]e form our beliefs for a variety of subjective, personal, emotional, and psychological reasons in the context of environments created by family, friends, colleagues, culture, and society at large; after forming our beliefs we then defend, justify, and rationalize them with a host of intellectual reasons, cogent argument, and rational explanations” (Shermer, 5). Similarly, Jonathan Haidt argues that innate moral foundations are etched into people’s brains through evolution, and that these inherited predispositions, along with intuition, help people form beliefs at a very young age. These beliefs are then reinforced by identification with particular communities, religious groups, and political parties (Haidt, Ch. 1).

Unfortunately, theories of moral psychology that address the primary level of inquiry have not been sufficiently explored in the study and practice of bioethics. Moral psychology has played a role in the evolution of bioethics, but mainly at the secondary level of inquiry, providing theories and frameworks for how people should approach moral questions in bioethics. A look at the presence of moral psychology in bioethics does illuminate a very important concept, however: the idea that dogmatism should be minimized in bioethics decision-making in favor of more objective, less facially-ideological conceptions of morality. Moral psychology can help further that goal.

Moral psychology at the primary level of inquiry should be included in bioethics curricula and addressed in policy and practice involving bioethics

issues because the nature of these endeavors is such that strong moral disagreement occurs, often threatening the cooperation that is necessary for productive deliberation and the formation of public policy. This threat is even greater in policy work because of the increasing influence of partisanship on bioethics issues and the corresponding increase of dogmatism in its participants.

Bioethics decision-making (i.e., decision-making involving bioethics issues) is accomplished through interdisciplinary group discussion, and there is no unitary governing body of rules on which to base decisions. Instead, bioethicists approach bioethics decision-making with their own differing moral identities and backgrounds, and utilize various theories and frameworks that employ various moral principles and duties. People's moral identities often conflict, as do the moral theories and principles within these various frameworks, so disagreement often occurs. Moreover, partisan politics and dogmatism increasingly impedes bioethics policy work, harming cooperation and threatening the vision of bioethics as an objective forum for moral decision-making. Disagreement is inevitable, but if disagreement turns to incivility and hostility, the group discussion format of bioethics decision-making ceases to be beneficial.

If bioethicists were exposed to theories of moral psychology concerning how people form, justify, and reinforce their moral identities, Hume would teach them that their moral inclinations inhibit reason. Kohlberg would teach them that every adult conceptualizes morality in the same manner, yet they still form differing moral beliefs and judgments. Neuroscience would teach them that brains form moral judgments before people are consciously able to express

them. Shermer would teach them that they form their beliefs at a young age for personal, emotional, and psychological reasons in the context of our environments and spend the rest of their lives defending, justifying, and rationalizing these beliefs. And Haidt would teach them that beliefs are influenced by inherited predispositions and reinforced by their desire to identify themselves with like-minded groups in society.

This knowledge is important in its own right because one of the goals of bioethics education is to teach students how to reason about moral issues, and moral psychology provides additional insight into how people form the moral beliefs that influence their moral reasoning. Knowledge of moral psychology at the primary level of inquiry can also aid classroom learning and increase cooperation in the policy and practice of bioethics. People have a greater respect for opposing arguments when they understand the facts and the reasoning behind them. However, even with an understanding of the facts and the reasoning behind opposing arguments, emotion and self-righteousness can still render deliberation fruitless. This knowledge may help bioethics students realize that everybody (including themselves) has biases; that they may not be able to convince others to change their beliefs; and that they should not hold their own beliefs with such conviction. When these bioethicists enter the world of bioethics policy work, they can use this knowledge to illuminate the dogmatism that hinders deliberation.

In policy and practice, this knowledge, and the introspection that would ideally follow, might help move public moral deliberation forward at times;

and at the very least, it might help people “agree to disagree” in situations where people cannot help feeling that they are right and everyone else is wrong. Knowledge of moral psychology at the primary level of inquiry will also decrease the likelihood that bioethicists will participate in partisan scholarship or partisan policy committees.

Moral psychology would encourage respect, tolerance, and cooperation in bioethics in the same way that education can change one’s beliefs and actions, although even the benefits of education are not certain. Education can teach students how to understand different perspectives and engage in the give-and-take of moral argument, but education usually does not provide the insight of moral psychology.

Even with the knowledge of moral psychology, people will still disagree. But bioethicists are more introspective and open-minded than the average person. They have to be if they engage in issues concerning morality and/or public policy. If bioethicists are cognizant of moral psychology, they will be more likely to remember the importance of minimizing dogmatism in bioethics decision-making, and seek to do so.

### **Recommendations for Utilizing Moral Psychology In Bioethics**

Education can improve moral reasoning. Gutmann and Thompson argue that the negative effects of moral disagreement can be tempered through what they call “deliberative democracy,” wherein people continue to reason together to reach mutually acceptable decisions when they have moral disagreements (Gutmann & Thompson, 1). In the same vein, bioethics students

and those who deal with bioethics issues should be educated as to theories of moral psychology at the primary level of inquiry concerning how people form, justify, and reinforce their moral identities.

Bioethics students and bioethicists should, at the very least, be exposed to the theories of moral psychology expressed in Chapter 2, under the section titled “Primary Level of Inquiry.” These theories represent a sample of the thought-provoking theories in moral psychology that are not sufficiently explored in the field of bioethics and that can be beneficial to the study and practice of bioethics. Generally, bioethics students and bioethicists should be exposed to theories of moral psychology rooted in neuroscience, moral development, and psychology concerning the idea that people form moral inclinations at a young age, through nature and/or nurture, and they justify and reinforce these inclinations throughout their lives.

Introduction to this knowledge must occur through bioethics program curriculum, before bioethicists begin to engage in practical decision-making, and before bioethicists can fall into partisan habits in deliberation and scholarship. In university bioethics programs, it would be best for bioethics students to be exposed to these theories before they are exposed to the philosophical and theoretical frameworks that are utilized in bioethics decision-making. Therefore, moral psychology should be introduced as a stand-alone class preliminary to courses in bioethics theory, or as an introductory section in a bioethics theory course.

It would be beneficial for students to practice applying moral psychology in bioethics deliberation. Students could take a specific issue such as abortion, for example, and attempt to strip down the arguments and considerations on both sides until they get to the root of the disagreement. They would begin by writing down on the chalkboard the arguments on both sides, the practical considerations, and the moral/ethical issues at play. Then they would pinpoint the fundamental differences between the opposing arguments. Do opponents weigh practical considerations differently? Do they weigh moral imperatives differently? Finally, students would consider, in light of moral psychology, *why* individuals weigh these considerations and/or moral principles differently.

In the absence of mandatory bioethics education courses, the only way that moral psychology can be introduced in the realm of public bioethics is through various bioethics conferences, symposiums, and colloquia. Luckily, there is already a push to do this. The centers for bioethics at New York University and Duke University held a conference entitled, "The Moral Brain" in March and April of 2012.

Bringing bioethicists together to discuss moral psychology is not only beneficial because it spreads important information, but also because human interaction between opposing groups makes it easier to treat members of opposing groups as fellow bioethicists rather than permanent enemies (Haidt, 275). Conferences on moral psychology will bring bioethicists together to discuss these issues, and with the reminder that partisanship can be harmful to bioethics

decision-making and is contrary to the vision of bioethics at its inception, they might be encouraged to refrain from closed-off, ideologically-centered bioethics deliberation.

Once bioethicists are exposed to moral psychology, they should endeavor to expose fellow deliberative body/committee members to dogma and political biases that may be present in the particular issue at hand. This involves laying bare the bases behind the positions and theories put forth by each member of an IRB, ethics committee, or large-scale public policy committee, and, in particular, the “political analysis of the particular national or regional governmental setting” (Charo (2005), 13). Jenny Dyck Brian and Adam Briggles posit:

Bioethical dilemmas are intertwined with power and conflicts of value, interest, opinion, and worldview. Given this context, public bioethics institutions can best serve the common interest by mobilizing a wide range of epistemic resources to openly articulate and evaluate the positions within these conflicts . . . . Ethical analysis is critically important to the governance of existing and emerging science and technology. As we think about the rules of engagement between politics and bioethics, it is important to remember that they apply to bioethics councils and their audiences. Both share responsibility for structuring a forum of debate that is open, civil, balanced, independent, and credible (Dyck Brian & Briggles, 60).

Dyck Brian & Briggles focus on transparency for the public’s benefit. Nonetheless, writing down on the blackboard in a bioethics deliberation the positions held, the bases behind them, and the political and/or ideological influences involved in the issues will serve as an additional reminder to those involved in the deliberation that dogmatism is present. Bioethicists can justify this act by explaining that the

intent of the foundational thinkers in bioethics was to maintain objective, ideologically-neutral discussion.

Bioethicists should also write down their own political inclinations and group memberships on the blackboard, and encourage other members to do the same. One might be tempted to suggest that bioethicists lecture on moral psychology, but other group members would likely resist this. In the alternative, bioethicists can attempt to insert bits of moral psychology when discussing various opinions and policies. Notions of inherited moral inclinations and group reinforcement of moral beliefs can easily be introduced when discussing patient behavior or examining conflicting policies, for example.

Finally, if bioethicists decide to participate in political- or ideologically-affiliated deliberative bodies or policy committees, they should encourage that the group be labeled as such (See Kahn, 10). It is sometimes difficult to “compartmentalize and think of bioethics as separate from politics” (Irvine, 64). And as shown by the controversy surrounding the President’s Council on Bioethics, attempting to hide political or ideological partisanship harms the legitimacy of bioethics (Briggle, 323).

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### Internships

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### Conferences Attended

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